

HIE Steering Committee

November 13, 2019



Agenda

Topic	Schedule
Welcome	10:30 – 10:35
HIE Strategic Plan Presentation	10:35 – 11:35
BREAK	11:35-11:45
HIE Governance, Cont.: Convening Sub-Committees	11:45-12:25
Wrap up	12:25 – 12:30

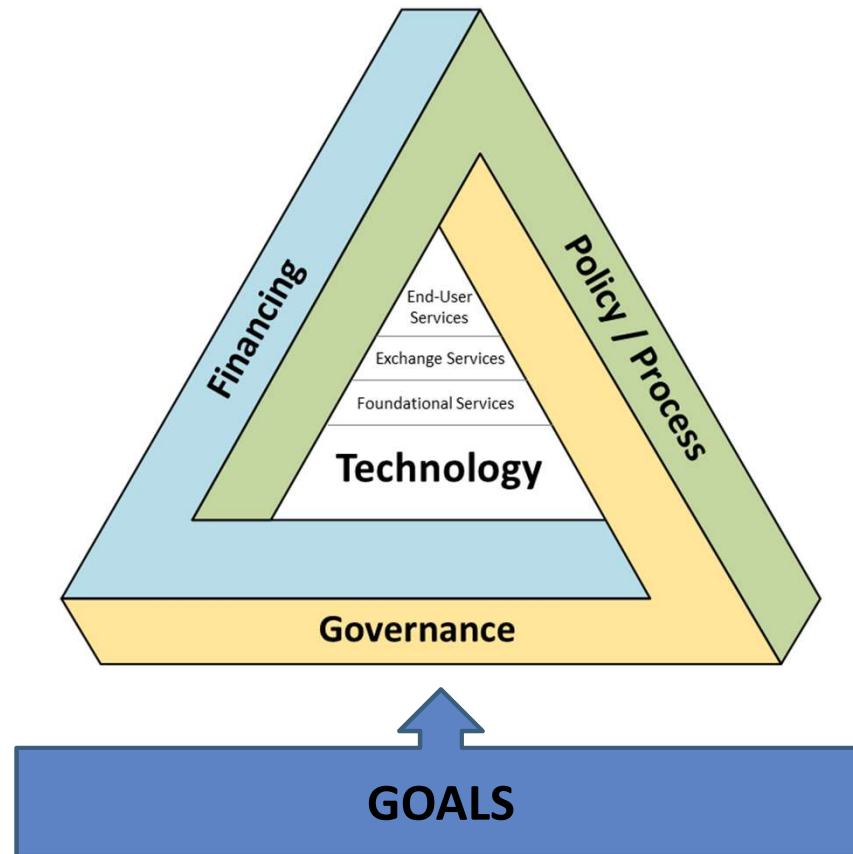
Health Information Exchange (HIE) Plan 2019-2020

- This is the first annual update to the initial 2018-2019 HIE Strategic Plan (Plan) approved by the Green Mountain Care Board (GMCB) in November 2018.
- The 2018-2019 HIE Strategic Plan articulated the vision, goals, and major objectives, which are unchanged in this update.
- This update builds on the work reflected in the approved Plan, noting progress made and identifying the work anticipated for 2020.

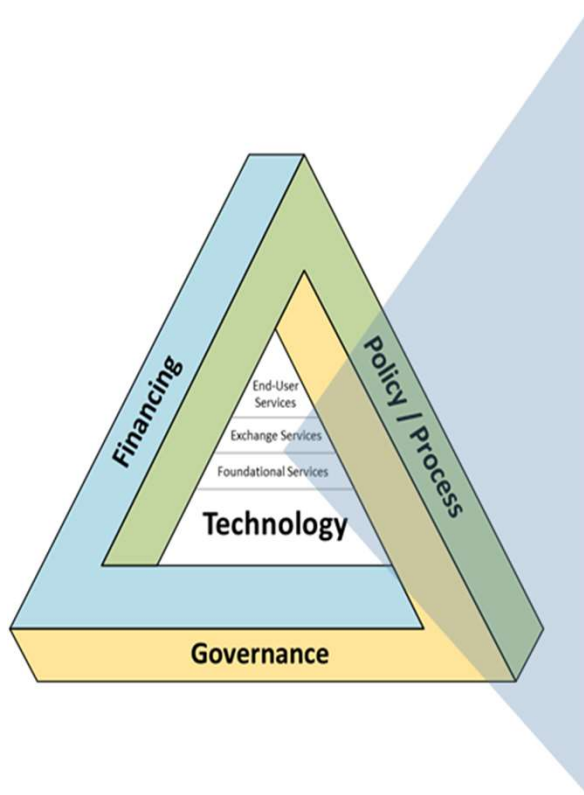
HIE Goals

- ***Create One Health Record for Every Person*** - Support optimal care delivery and coordination by ensuring access to complete and accurate health records.
- ***Improve Health Care Operations*** - Enrich health care operations through data collection and analysis to support quality improvement and reporting.
- ***Use Data to Enable Investment and Policy Decisions*** - Bolster the health system's ability to learn and improve by using accurate, comprehensive data to guide investment of time, labor and capital, and inform policy making and program development.

The HIE Ecosystem is a Focal Point – *the environment required for HIE to effectively function*



HIE Technology: Building Blocks of Success



End-User Services		
Reporting Services		Notification Services
Analytics Services		Consumer Tools
Care Coordination Tools		Patient Attribution & Dashboards
Exchange Services		
Data Extraction & Aggregation		Data Access
Interoperability	Data Quality	Data Governance
Foundational Services		
Identity Management		Consent Policy & Management
Security		Provider Directories

Progress towards our Goals in 2019: Execute the HIE Tactical Plan

- The specific focus for 2018 and 2019 was:
 - ✓ Establishing the permanent governance model for the HIE
 - ✓ Incremental progress in:
 - Consent management (Act 53)
 - Data quality & identity management (Collaborative Services)
 - ✓ Initiating long term, sustainable financial planning
 - ✓ Overseeing the 2018-2019 plan and develop a 2020 plan
 - ✓ Develop technical roadmap and incorporate into HIE Plan

End-User Services		
Reporting Services		Notification Services
Analytics Services		Consumer Tools
Care Coordination Tools		Patient Attribution & Dashboards
Exchange Services		
Data Extraction & Aggregation		Data Access
Interoperability	Data Quality	Data Governance
Foundational Services		
Identity Management		Consent Policy & Management
Security		Provider Directories

HIE Operations

- Goals and accountability through contract with VITL
- Continuing federal financial support for HIE through CMS HITECH Advanced Planning Document
- Align HIE goals with investment from the HIT Fund
- Progress on all areas of the Tactical Plan
- Interfaces
 - New Interfaces
 - Tiered connectivity criteria
 - Advancement of current interfaces from tier 1 to tier 2

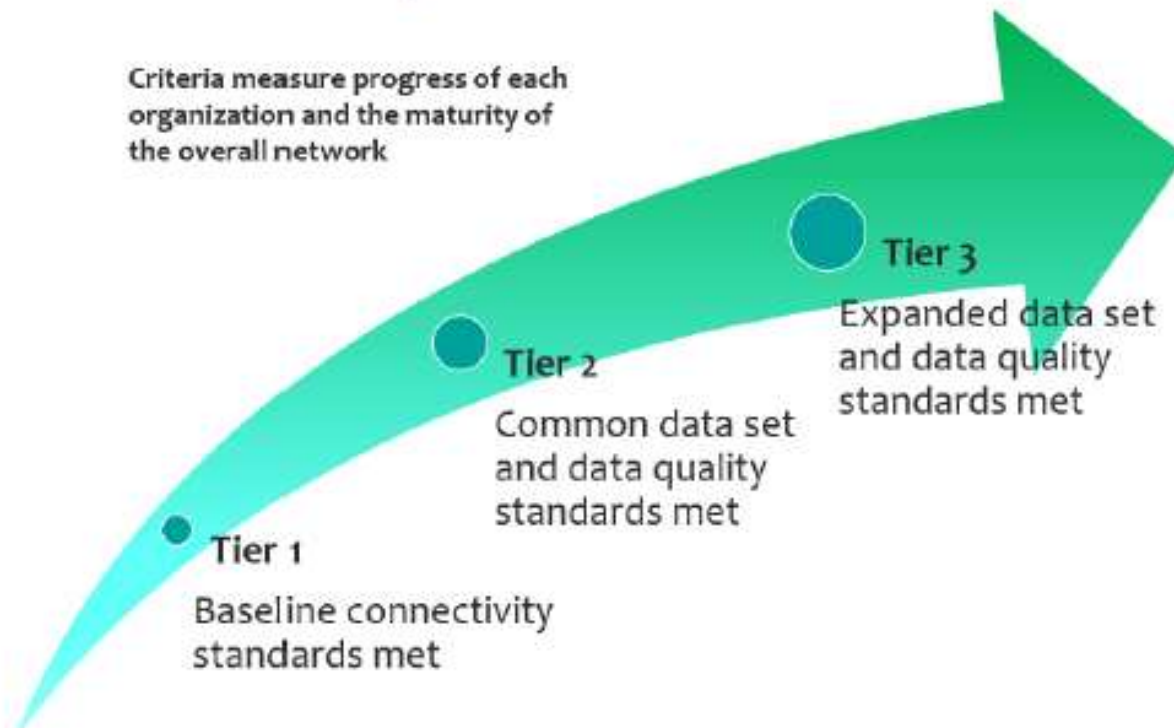
Tactical Plan

Foundational Services, 2018-2019		
Accountable Party	Area of Focus	Activity
VHIE (VITL)	Consent Management	<input type="checkbox"/> Further automate the consent management process, increasing the number of records with consent documented to at least 42% in 2019 (35% in 2018)
VHIE (VITL)	Security	<input type="checkbox"/> Adhere to HIE NIST security standards
Exchange Services, 2018-2019		
Accountable Party	Area of Focus	Activity
VHIE (VITL)	Data Extraction & Aggregation	<input type="checkbox"/> Increase the number of health care organizations contributing to the VHIE that meet Tier II Connectivity Criteria standards <input type="checkbox"/> Establish new or replacement interfaces (connections) feeding data from EHR systems to the VHIE <input type="checkbox"/> Provide end users (OneCare Vermont, Blueprint for Health, Health Department, etc.) with data feeds to meet their unique data usage needs <input type="checkbox"/> Enable use of EHRs by providing Meaningful Use and Security Risk Assessment
DVHA	Sec	
Foundational Components, 2018-2019		
Accountable Party	Area of Focus	Activity
Vermont Care Partners	Data Extraction & Aggregation	
Blueprint for Health	Data Extraction & Aggregation	
GMCB	Data Extraction & Aggregation	
HIE Steering Committee	HIE Governance	<input type="checkbox"/> Establish an HIE Steering Committee <input type="checkbox"/> Annually, engage stakeholders in the development of a Strategic Plan for the GMCB's review/approval by November 1 <input type="checkbox"/> Develop an HIE technical road map and sustainability model to be included in the HIE Plan and built upon every year thereafter <input type="checkbox"/> Create an evaluation method for overseeing and measuring progress in implementation of HIE strategic plans and the effectiveness of the HIE Governance Model <input type="checkbox"/> Evaluate statewide data governance efforts and design a data governance model appropriate for the State's HIE Steering Committee <input type="checkbox"/> Work with stakeholders to assess potential changes in the State's Consent policy and support the production of a Consent Report per Act 187 of 2018

Advanced Connectivity Criteria

Connectivity Criteria Drive Advancement

Criteria measure progress of each organization and the maturity of the overall network



HIE Technical Roadmap

Guidance document that evaluates advancements in core technology and the evolving policy landscape at the State and Federal level to develop a set of technical recommendation to inform the future objectives and investments in HIE in Vermont.

The 2019 HIE Technical Roadmap expands the planning effort of the HIE Strategic Plan and will inform core elements of future tactical plans.

With the three HIE Goals as a starting point, the Technical Roadmap outlines six key objectives for Health IT in Vermont:

1. Delivering Information at the Point of Care
2. Augmenting Use of Public Health Registries
3. Managing Sensitive Health Information
4. Leveraging Social Determinant of Health Information
5. Automating Quality Reporting
6. Providing Consumer Access

Development of the Technical Roadmap

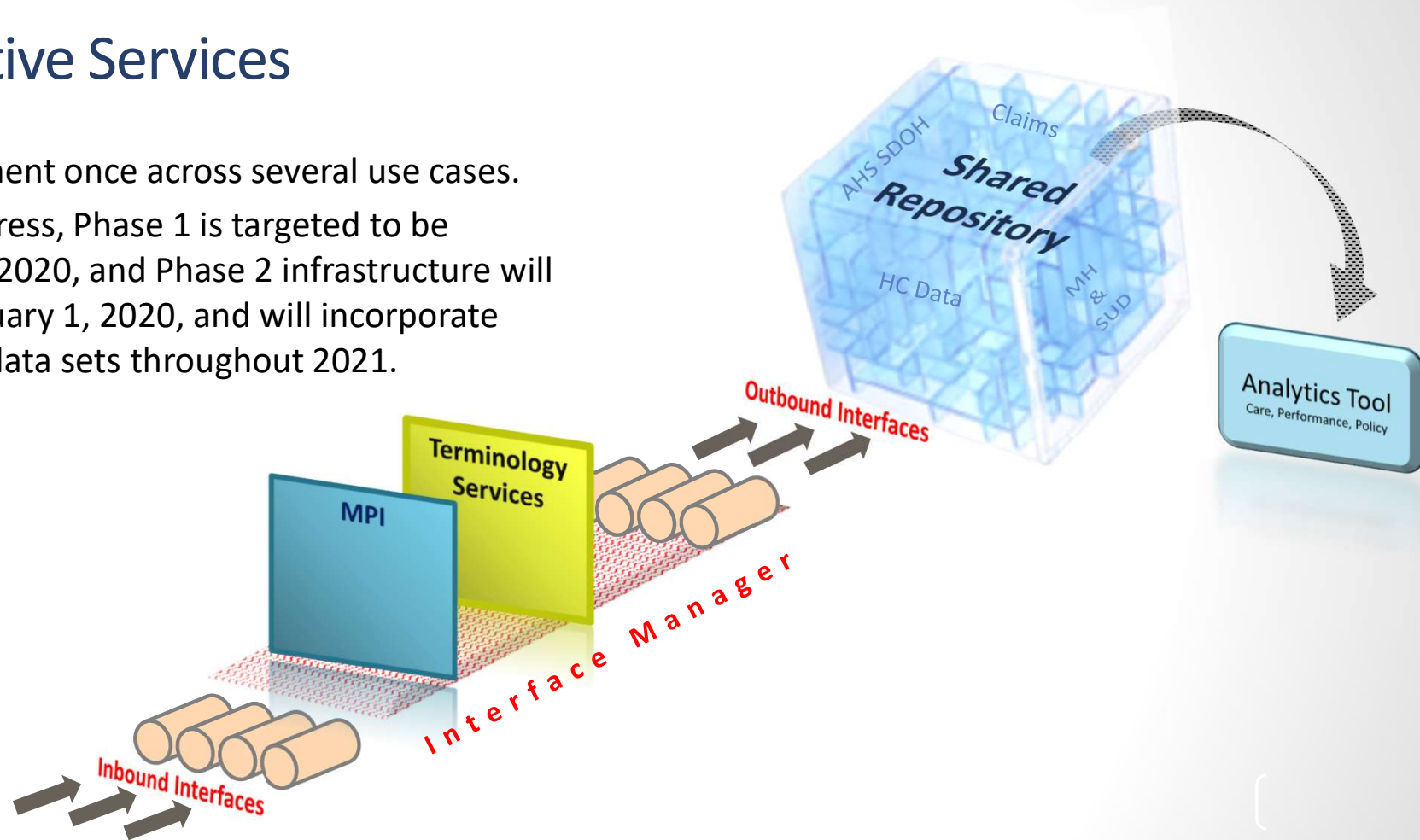
- In April 2019, DVHA signed a contract with Lantana Consulting Group, in partnership with Velatura, to produce the technical roadmap for the HIE Steering Committee
- Stakeholders & the HIE Steering Committee were heavily engaged in the development of the Roadmap. Forty-four individuals at sixteen organizations were interviewed, and findings were shared with the HIE Steering Committee
- To support the six Key Objectives above, the Roadmap leverages National Trends & Initiatives to align with best practice and recommendations from state and federal partners

Collaborative Services

- Effort to continue to improve the foundational and exchange services required for a robust system of health information exchange. With a modular design and a phased approach, the project focuses on implementing (Phase 1) Master Patient Index (MPI), a Terminology Services Engine, an Integration Engine, and (Phase 2) a new data repository to enable aggregation of clinical and other health related data in support of Point of Care data delivery, Analysis, and Reporting.
- Increases overall data quality, enhances the availability of non-standard data, and supports segregation of sensitive data from non-sensitive data.
- Advancements will facilitate the exchange of health care related data not already in the VHIE including social determinants of health; clinically sensitive data such as mental health and substance use; and health care utilization and cost data (claims).

Collaborative Services

- Making investment once across several use cases.
- Already in progress, Phase 1 is targeted to be complete April 2020, and Phase 2 infrastructure will be in place January 1, 2020, and will incorporate the additional data sets throughout 2021.



Foundational: Consent Policy and Management

Vision: The health system is supported by consent policies and technologies that allow for **simple management of consent preferences to enable transfer of data supporting a person when and where they need care**. Consent management is not seen as burdensome, and associated policies and processes are reflective of federal and state law.

Opt-Out Consent Overview

- Act 53 moves VHIIE to opt-out consent policy
- Meaningful consent is the goal
- Critical workstreams
 - stakeholder engagement
 - mechanisms to support opt-out
 - evaluation methodology
- Opt-out consent goes into effect March 1, 2020

Reporting & Accountability

- Updates to GMCB and legislative committees
 - ✓ August 1, 2019
 - ✓ Nov 1, 2019
 - Jan 15, 2020
- Annual reporting – Health Information Exchange (HIE) Plan
- Opt-out consent policy implemented Mar 1, 2020

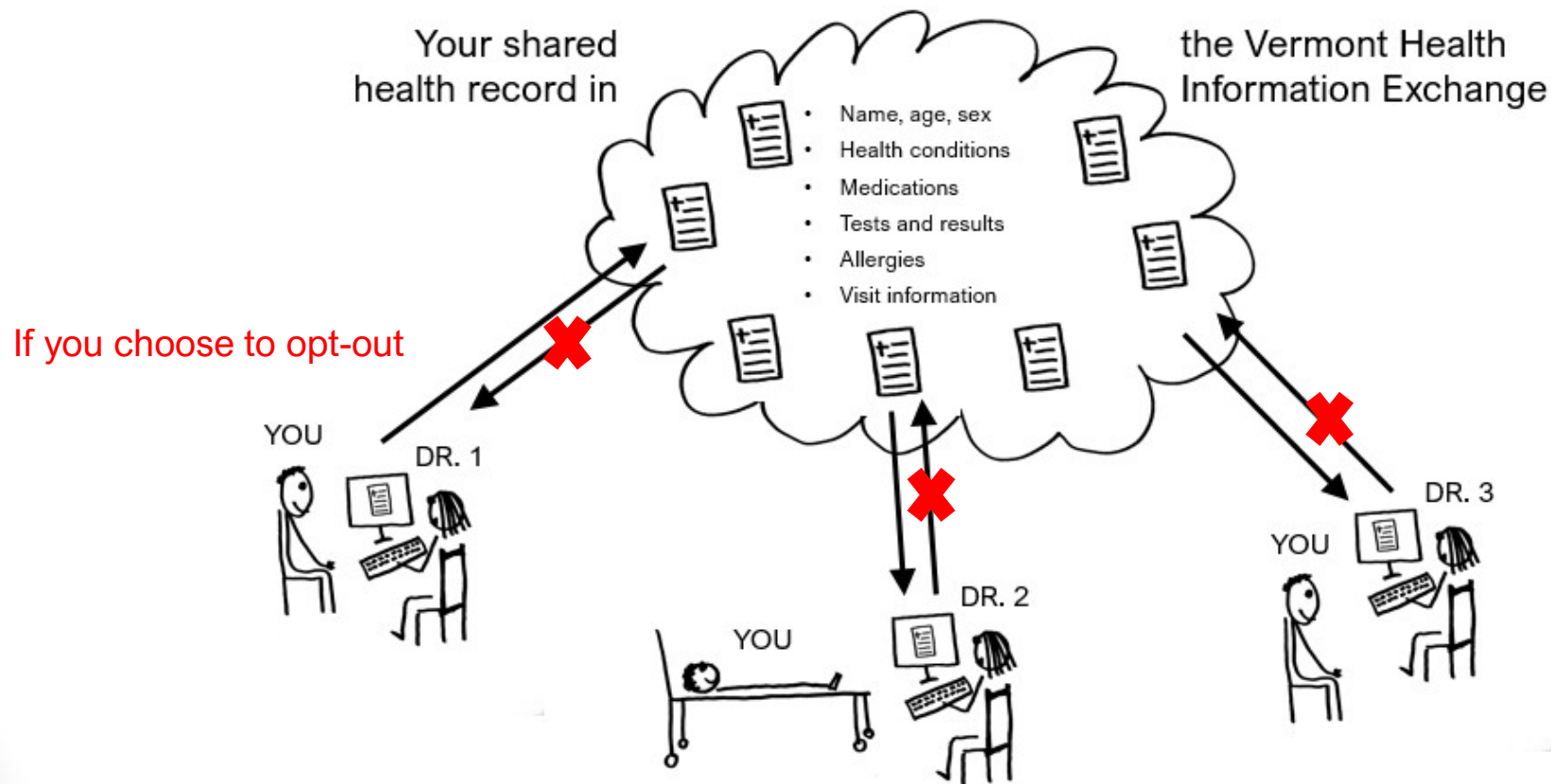
Opt-Out Consent Policy Implementation - Summary

- **Stakeholder Engagement:** DVHA in consultation with the HIE Steering Committee has engaged stakeholders to help define the messages, how and where people will receive information about consent. DVHA is partnering with a marketing agency to develop digital and print communications. Ongoing work with advocates and Vermonters to ensure clarity and resonance of messages,
- **Mechanisms:** VITL is developing mechanisms for managing consent. VITL is on track to have the technical mechanisms ready for implementation by February 1. Consent Hotline is live. Defined new mechanisms including phone, online, by mail. Expanded network of providers who can report consent. Testing technical environment for opt-out.
- **Evaluation:** Plan for the evaluation is under development. An Evaluation Committee has been assembled, with plans to convene for orientation sessions in December.

Stakeholder Engagement - Advocates

- Engaged with advocates beginning in July, in order to
 - Understand concerns and communications needs of the people they serve
 - Think together about communications strategies
 - Ask for help connecting directly with people they serve
 - Ask advocates to be messengers
- Advocates for all Vermonters – Health Care Advocate and ACLU
- Advocates for Special Populations
 - Populations with additional privacy concerns due to stigma
 - Populations with additional privacy concerns due to safety
 - Populations who may require different communication approaches

Stakeholder Engagement – VTers, Patients, Special Populations



Learning from Vermonters

- Little current knowledge of health information sharing rules and practices
- Health information is personal, privacy matters – especially to people from communities that have been marginalized or with conditions that have been stigmatized.
- Agreement that more information = better care
- Hope that health information exchange can help relieve the administrative burden of personal health information management
- With attention and a little time, Vermonters can understand the Vermont Health Information Exchange and their rights and options. The challenge will be capturing attention and creating clarity in less time.

Communications Strategy

Through Providers	Through Advocates	Direct from the State of VT and VITL
Inform patients about health data where it is created and used	Reach special populations through existing strong and trusting relationships	Reach Vermonters not reached in other channels and reinforce the message

Communications Partnerships

- Engaged marketing firm Small Mammal to develop digital and print communications for all messengers to use in communicating with Vermonters
 - Website, video, brochure, social media content
- Partnered with other departments to leverage state-owned digital property, social media channels, mailings, and public relations efforts
- Training staff at Health Care Advocate on details of Vermont Health Information Exchange and consent so they can answer caller questions and support decision-making.

Communications & Ongoing Stakeholder Engagement Timing

- Opportunities for feedback from advocates and Vermonters on creative concepts in last week of November, first week of December
- Simple website launches December 16th, more content added in December and January
- Training for advocates on details of VHIE and consent and supporting informed decision-making, in December
- Messaging tools will be distributed to advocacy groups beginning in December, with updates distributed through February
- First messages from State of VT and VITL in December
- Messaging training for advocates and partners in early January (advocates are welcome to begin messaging sooner)
- News, including local papers, in January or February
- Intensify communications from all messengers in January and February

How to Opt-Out (Mechanisms)

- Focused on easy opt-out options for Vermonters, reduced burden for providers
- Provider choice
 - Electronically manage consent, or
 - Refer to VITL hotline
- Easy options
 - At provider's office
 - Phone
 - Online form
 - Mail

Evaluation Methodology

Identify a methodology for evaluating the extent to which the public outreach regarding the VHIE, consent policy, and opt-out processes has been successful

- 4 core evaluation questions
 - Have we reached people?
 - Is the message clear / understood?
 - Are the opt-out options easy?
 - Which providers are offering opt-out?
- Questions related to consent were included in the Patient Experience Survey
- Ad-hoc eval committee including stakeholders has been assembled, with plans to conduct orientation sessions throughout November and December
- January – Evaluation Plan draft will be completed, and final draft will be incorporated in the January 15 update to legislature & the Green Mountain Care Board

The HIE Plan Builds on the HIE Governance Model

- The HIE Steering Committee is the permanent governance structure for HIE in Vermont
 - Serving the needs of HIE users by advancing HIE use cases;
 - Strengthening the relationship between authority and accountability; and
 - Engaging a broad range of stakeholders in strategic planning and oversight activities
- In 2019, The HIE Steering Committee finalized a charter to clarify its vision, approved an approach to HIE data governance, and approved convening sub-committees to carry forth the work recommended in the HIE Technical Roadmap & Tactical Plan
- In 2020, the HIE Steering Committee will focus on prioritizing sub-committees. Proposed areas for sub-committee work include **connectivity criteria, data governance and HIE consent**

Excerpt from the Executive Summary of the 2017 Evaluation Report

“Vermont is not organized in a way that increases its chances for success. Currently, no group or organization is solely responsible for the execution of HIE activities in the state, and there is no statewide strategic plan guiding time constrained HIE investments...Better governance and planning is attainable - other states have successfully developed governance and oversight models, which Vermont could replicate.”

Clear Roles and Goals are the Key to Vermont's HIE Governance Model

Where do stakeholders convene to discuss HIE matters, set priorities and propose policy?

HIE Steering Committee

The HIE Steering Committee develops, executes and evaluates the HIE Plan and monitors HIE performance with operational and administrative support from DVHA's HIE Unit.

Where do decision makers go for support?

Ad Hoc Sub-Committees

The HIE Steering Committee actively leverages insights and expertise from existing groups and creates ad-hoc sub-committees when needed.

Who is responsible for oversight?

Green Mountain Care Board

The GMCB approves the statewide HIE Plan and VITL's budget.

Who provides HIE services?

VHIE & Other HIE Service Organizations

The VHIE and other HIE service vendors such as Bi-State Primary Care Association and OneCare Vermont.

How are service providers held accountable?

Performance-Based Contracts

The Steering Committee sets strategy to drive investment and works with DVHA and other contract owners to ensure contracts drive performance goals.

HIE Governance: Sub-Committees

- In August, the HIE Steering Committee voted in favor of convening sub-committees to further the work of Health Information Exchange in Vermont
- Proposed sub-committees are Connectivity Criteria, Consent, and Data Governance
- The HIE Steering Committee determined that an ad-hoc approach to convening sub-committees is best

Subcommittee Discussion

- Anticipate significant tactical plan work once the HIE Strategic Plan is approved
- How should the Committee approach this work?
 - Subcommittees work on one or more topics and develop recommendations for the Committee to consider
- All work is presented to the Steering Committee on a regular cadence to ensure strategic alignment
 - Ad hoc subcommittees or workgroups, based on specific tactical plan focus areas

Convening Sub-Committees

- Determine a process for convening a sub-committee
 - Stakeholders bring recommendations for a sub-committee to the HIE Steering Committee
 - Dedicated quarterly meeting to review proposals?
- What artifacts does a sub-committee need to create? (Charter, etc.)
 - Do Sub-Committees need to have formal oversight by the HIE Steering Committee through project artifacts?
- Does convening sub-committees change the nature of the HIE Steering Committee meetings?
 - Does the HIE Steering Committee membership or meeting frequency need to be adjusted?
 - Think about dedicating one meeting per month or quarter to hear from sub-committees and advise on changes, strategy, resource needs

HIE Steering Committee Members

Name	Role	Voting
Jenney Samuelson	Chair	Voting
Tyler Gauthier	ACO Representative	Voting
Simone Rueschemeyer	Mental Health & Substance Use Representative	Voting
Georgia Maheras	Primary Care Representative	Voting
Vacant	Technologist	Voting
Tracy Dolan	Public Health Representative	Voting
Carolyn Stone	Health Information Exchange Representative	Non-Voting
Jimmy Mauro	Payer Representative	Voting
Linda Leu	Consumer Representative	Voting
Emma Harrigan	Hospital Care Representative	Voting
Beth Tanzman	Practice Innovation Lead – Blueprint for Health Program	Non-Voting
Sarah Kinsler	Green Mountain Care Board	Non-Voting
Emily Richards	HIE Program Representative	Non-Voting

Membership Discussion

- DVHA Commissioner to work with AHS leadership on appointing an ADS Representative
- Do we have the right stakeholders represented? Who are we missing? For example, do we need a provider? Do we ask someone from VMS to represent providers?
- Are the members the right people to represent their respective stakeholders?